

7. The pre-occurrence of labour is much less common than its delay, and most frequently they do not precede the due time more than five days.

8. Delays, on the other hand, have not such limitations.

9. Lastly, in either case, the causes of advance or delay are very appreciable, although there are cases which it is impossible to fix with certainty.

These researches of M. Leray agree with those of other observers; and very similar views have been brought forward by Dr. Tyler Smith, in his able Lectures on Parturition, now publishing in *THE LANCET*.—*Lancet*, Jan. 15, 1848.

36. *Sterility and Dysmenorrhœa*.—M. RAYNARD has presented to the Acad. of Med. of Paris, a memoir on this subject of which the following are the conclusions:

1. The cavity of the neck of the womb may be the seat of strictures, congenital or accidental, which is to a certain extent analogous to strictures of the urethra. 2. These modifications in the structure of the uterus induce serious disturbances in its functions, rendering menstruation and conception painful; and when occlusion is complete, impossible. 3. This state of the uterine neck is generally indicated by a thick white viscid discharge. 4. This condition, by keeping up continued uterine congestion, may give rise to serious organic diseases. 5. Stricture of the uterine neck may be suspected in cases of dysmenorrhœa and sterility, which cannot be otherwise accounted for. 6. The treatment of urethral stricture is equally applicable to that of the uterine neck. 7. The best treatment consists in the introduction of graduated bougies, by means of the speculum, and allowing them to remain for an hour or two. 8. If this should fail, we must have recourse to incision of the neck.—*Prov. Med. and Surg. Journ.*, Jan. 1848.

37. *Rupture of the Womb during Labour, followed by Recovery*.—By Dr. PRASSART. A woman, æt 37, after being about eight hours in labour, was suddenly taken with excessive pain in the abdomen. At the same time a noise was heard as of something cracking; the waters also were discharged. The uterine contractions were instantly stopped, and she became cold and collapsed.

Dr. Prassart was called in and saw her six hours after the accident. She was at that time in the deepest prostration, and complained of extreme pain and tenderness in the belly. The forceps were then applied, and a dead child easily delivered, followed by a large discharge of blood. After removing the placenta from the cavity of the abdomen, several folds of intestine passed into the uterus. The subsequent details of the case are very imperfectly recorded. The woman, however, was able to leave her bed in four weeks, and afterwards recovered entirely.—*Month. Journ. and Retrospect*, Feb. 1848, from *Casper's Wochenschrift*, No. XLI. 1847.

38. *Spontaneous Rupture of the Uterus before Labour*. By T. F. BROWNELL. (*Prov. Med. and Surg. Journ.*, Dec. 29th, 1847.) The subject of this case was 28 years of age, rather stout, but well proportioned and healthy, and had been married about eight years. Ten months after her marriage, after an ordinary labour of nine hours, she gave birth to a full grown female child. Soon after labour she was seized with convulsions, followed by delirium, which subsequently resulted in puerperal mania, from which she recovered after about ten months. From this period she enjoyed good health. She again became pregnant, and was admitted into the Salford Workhouse, Nov. 4th, in order to lie-in.

She stated that in the beginning of the seventh month of gestation, whilst hanging out some clothes, she received a fall, which shook her violently, but did not cause her either then or afterwards any particular pain. On the 20th of November, at 6 A. M., after having passed a restless night, with occasional slight uterine pains, she began to vomit. This was followed by several pretty strong pains, during one of which she experienced (to use her own expression) a severe crack in the back, with a feeling of something suddenly giving way in her inside, which was immediately followed by a discharge of liquor amnii from the vagina. The midwife, who was called, found upon examination, the os uteri nearly closed, hard, and incapable of admitting the point of the finger; there was a slight discharge, of a dark brown colour, from the vagina; the patient had vomited the contents of the stomach, and the pains had altogether subsided. Under these circumstances she

left her, and found on her return at 3 P. M., that she had no pain during her absence; the os uteri was lower down, and more yielding, though not in the least dilated, and a slight discharge of water, tinged with blood, escaped whilst making the examination. She had not slept, nor felt the motion of the child since. Soon after the waters broke. A dose of castor oil was now ordered.

Mr. Brownbill saw her the following evening, Nov. 21st, and found that the labour had not progressed, the os uteri remaining contracted; she had no pains; the vomiting continued; she complained of feeling weak and poorly; pulse feeble; countenance anxious.

The next day extreme restlessness came on; she complained of severe pain in the middle of the back; between one and two o'clock her breathing became laborious; her finger nails turned livid; a continued gasping followed, and death closed the scene.

On post-mortem examination, a large rupture of the uterus was found extending from the centre of the fundus posteriorly along its whole length, as far as the os uteri. The length of the opening was about seven inches. The uterus seemed perfectly healthy, and was well contracted over the firmly adherent placenta. The child had evidently been dead some days, the first stage of putrefaction having commenced.

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39. *Twins born at two months interval.*—Dr. WILBERG relates in the *Gaz. Medicale di Milano*, the case of a young woman married ten months, and who in the eighth month of utero-gestation, (March 24th, 1846,) was delivered of a viable infant, but which had not attained its perfect development. Her labour was easy, the placenta was spontaneously thrown off in about an hour and a quarter, and the usual sequelæ were presented, except that the mammae did not tumefy, and it was necessary to procure a wet-nurse for the child. However the mother thought that she perceived the motions of another child, and the abdomen increased in size. On the 20th of May, she was again seized with labour pains, and gave birth to a perfectly developed child, larger and heavier than the first. The third day her mammae became tumid, milk fever occurred, and this young mother was able to nurse both children.—*Gazette des Hôpitaux*, Sept. 30, 1847.

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40. *Prolapsus of the Uterus during Labour.*—*Subsequent Reduction and Cure.*—By M. NAUDIN.—This woman was in labour with her third child. After the pains had continued for forty-eight hours, the waters having been prematurely evacuated, and the os uteri remaining rigid and undilated,—the uterus was suddenly precipitated outside the vulva. M. Gassail dilated the rigid os uteri with the hand, and presently the child was born, and soon followed by the placenta.

The uterus was replaced, but was again protruded during an effort in making water. It was again reduced, and retained by a T bandage. In ten days this woman was able to walk about, and, on examination, the os uteri was found at its usual height in the pelvis.—*Month. Journ. and Retrospect of the Med. Sciences*, March 1848, from *Gazette Medicale*, Dec. 18, 1847.

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41. *Simple Metritis after Delivery.*—Dr. WILLEMIN maintains that this affection is most frequently produced by deep laceration of the neck of the uterus, an accident which he believes to happen in most deliveries, although generally not to a serious degree. In regard to the symptoms of metritis, he denies entirely the existence of morbid sensibility in the vaginal portion of the neck of the uterus, a symptom which M. Chomel particularly points out. The state of the lochiæ varies extremely; but the most important change on them is an unusual persistence or even increase of their sanguinolent character after the first week, whilst in the malignant puerperal metritis the lochiæ are generally suppressed. Contrary to the statement of Duges and Chomel, M. Willemin asserts that the urinary functions are very rarely disturbed.—*Ibid.*, from *Archives Générales de Médecine*, Dec. 1847.

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42. *Placentitis occurring twice in the same woman.* By Dr. VAN HENGEL.—In Feb. 1844, a woman, thirty-three years of age, having arrived at the exact time when her tenth menstruation would have taken place, was delivered of a child, of whose death there had been distinct signs three weeks previously. The fœtal portion of